PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application for Doctor Number		
CLAIMS AS FILED - PART I OTHER THAN											
(Column 1) (Column 2)					ır	SMALL E	NIIIY	OK	SMALL	ENITIY	
	FOR	нимв	ER FILED	NUMBE	R EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							s	OR		S	
	AL CLAIMS FR 1.16(c))		minus 20 = .				x s_=======	Organia A	OR	x \$ ' =	
INDE	PENDENT CLAIN FR 1.16(b))	15	minus 3 =				x \$=		OR ²	x S =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ S =	
* If the difference in column 1 is less than zero, enter *0* in column 2.						•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
3	14-05	(Column 1)			(Column 3)		SMALL E	NTITY	OR	OTHEF SMALL	R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE/
AMENDMENT	Total (37 CFR 1.16(c))	•	Minus, "	•	=		x \$=		05	x s =	
JEN	Independent (37 CFR 1,16(b))	•		ME	[-/		x \$=		OR	x \$=	
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=	/	OR	+s/	
							TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	·	Minus		=		x \$=		OR .	x s =	
ENC	Independent (37 CFR 1.16(b))	•	Minus	•• ••	=	1	x s=		OR	× s =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5=		OR	+ s=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
S C C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total (37 CFR 1,16(c))	·.	Minus	**	=	1	x s=		OR	x s =	
IEN I	Independent (37 CFR 1,16(b))	•	Minus	••	=].	x·\$= -		OR:	x s=	<u> </u>
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	+ s=	<u> </u>
							TOTAL ADD'L FEE		OR ⁱ	TOTAL . ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 											

The 'Highest Number Previously Paid For' [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commitsioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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